Beliefs About The Mentally Ill: Unpredictable and Dangerous?

An Honors Thesis (HONRS 499)

by

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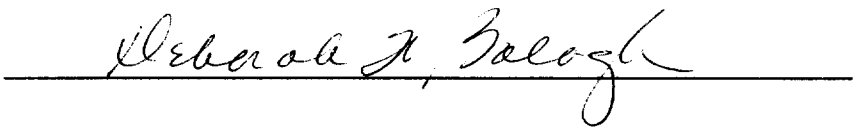

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Abstract

The effect of predictability and dangerousness on observers' attitudes toward the mentally ill was assessed using a social distance and a dangerousness measure. Results of the social distance measure showed that male respondents were more rejecting of the stimulus person than female respondents when predictability was high. Also, the female stimulus person with low predictability was more rejected than the female stimulus person with medium predictability. Results of the dangerousness measure did not reveal any significant findings.

Beliefs About The Mentally Ill: Unpredictable and Dangerous?

Stop and think for a moment about why "scary" movies are labeled as such. Most people would agree that the unpredictability of a person or situation elicits fear and thus creates the urge to avoid, for example, by averting our eyes. Similarly, the mentally ill have continually been associated with violence and fear because of perceived unpredictability and dangerousness (Nunnally, 1961; Bord, 1971; Link & Cullen, 1986; Link, Cullen, Frank, & Wozniak, 1987). This lack of predictability has been viewed as a cornerstone of public attitudes toward the mentally disturbed by Nunnally who stated, "Because unpredictable behavior is frightening and disruptive, much societal machinery is devoted to making the behavior of individuals predictable to others" (Nunnally, 1961, cited in Rabkin, 1974). This phenomenon has been demonstrated across social groups regardless of demographic variables such as age and education. After Nunnally's extensive 6-year survey, he summarized this idea as well, "Old people and young people, highly educated people and people with little formal training, all tend to regard the mentally ill as relatively dangerous, dirty, unpredictable, and worthless (Nunnally, 1961, cited in Rabkin, 1974).

Past studies have been contradictory in that some have claimed improved attitudes because of educational programs that were launched in the 1960s, while others have maintained that the mentally ill are still viewed unfavorably. However, a consistent and enduring component of these studies has been the characteristic of unpredictability. That is, researchers have continually reported that desired social distance from the mentally ill results in part from the belief that those with a mental illness are unpredictable and consequently dangerous.

Social distance has been a common measure in studies regarding attitudes toward the mentally ill and is most often described as the perceived degree of distance that one is comfortable placing between oneself and a designated person or group (Bogardus, 1933; Tringo, 1970; Cohen & Muldro, 1992). The concept of social distance was first described in 1924 by Park who explained that it is not an actual measure of spatial distance but rather is related to the degree of understanding and intimacy that characterizes social relations (Park, 1924, cited in Cohen & Muldro, 1992).

Fracchia, Sheppard, Canale, Ruest, Cambria, & Merlis (1976a) confirmed Nunnally's observation that by attributing the characteristic of unpredictability to patients with mental

illness, fear was aroused in observers. This fear, as stated above, tends to promote negative attitudes toward this group and results in unfavorable behavior toward the fear-producing stimulus. Fracchia et al. (1976a) conducted an experiment in which the connotations of stimulus words were measured using the semantic differential technique. Among their results was a significant correlation between unpredictability and dangerousness. In other words, individuals who viewed mentally ill patients as unpredictable also saw them as being more dangerous. This supported the widely held belief that unpredictability, dangerousness, and fear resulting in avoidance were intimately related to one another. Fracchia et al. (1976b) later suggested that the link between these behavioral characteristics and mental illness may be responsible for the "not in my neighborhood" attitude and subsequent isolation from the stigmatized group.

To understand precisely how the characteristics of unpredictability, dangerousness, and fear were related in terms of public attitudes toward the mentally ill, the strong influences and impressions created by the media must be addressed. For example, the images conveyed by the media, television, and other sources have been found to have an impact

on future expectancies toward social groups (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984, cited in Link & Cullen, 1986). Regarding the mentally ill, Gerbner's (1980) study of prime time television dramas revealed that 73% of the characters portrayed as mentally ill were likely to be violent (Gerbner, 1986, cited in Link & Cullen, 1986). Therefore, observers' perceptions regarding mentally ill patients have been shaped as being linked to violence. This preconception elicits fear and avoidance behavior before actual contact with a person with mental illness has even occurred. According to Jones et al., once a person comes into contact with a member from a particular group (i.e. mental patient), he/she will revise their pre-existing beliefs accordingly. For example, if a patient with mental illness exhibits behavior inconsistent with that of a dangerous or violent person, the individual will then revise his/her expectancies and be less fearful toward the next patient with mental illness.

Link & Cullen (1986) questioned this explanation based on the uncertainty of this direction of causation (i.e. that increased contact with the mentally ill causes a decrease in fear). They argued that if an individual's perceived dangerousness of the mentally ill was very strong, contact with

this group would be actively avoided. Therefore, Link & Cullen evaluated the causal direction to determine whether it was contact which reduced perceived dangerousness or perceived dangerousness which reduced contact. After dividing participants into groups based on types of previous contact as well as pre-existing beliefs, they found support for the idea that contact reduced perceptions of dangerousness rather than the reverse. In other words, the more contact that the public had with the mentally ill, the greater possibility that their fears would be reduced. This suggested that the attribution of dangerousness and therefore, unpredictability, came from some source other than actual experience with mentally ill patients. This finding was consistent with the notion of creation of this negative image by the media, television, etc.

In an attempt to determine the sources of the public's attitudes toward mental illness, Lopez (1991) evaluated adolescents and the nature, characteristics, and acquisition of their attitudes. Considering that attitudes are learned or acquired rather than innate, Lopez studied the effects of three types of contact: direct contact, intimate contact, and indirect contact. Direct contact refers to direct exposure such as an acquaintance, coworker, or some other causal relation who has

been mentally ill. Intimate contact includes having been mentally ill personally or having a family member or close friend diagnosed as mentally ill. Indirect contact is thought to occur through school courses or the mass media, such as television, books, or significant other sources. Another purpose of this study was to observe differences between demographic variables, notably gender and social class. Lopez found that indirect contact, or learning through the mass media, was reported by over half of the adolescents. This supported the idea that preconceived beliefs have a great impact on peoples' attitudes. In addition, 74% of the adolescents in the study agreed that mentally ill patients were unpredictable but perceived only a few as dangerous or violent.

In the Lopez (1991) study, a second significant finding involving gender differences emerged. Adolescents' attitudes were measured by the Opinions About Mental Illness (OMI) scale (Struening & Cohen, 1963). The OMI yields five attitude dimensions which are: Authoritarianism (view of the mentally ill as inferior and requiring coercive handling), Benevolence (paternalistic view of patients based on religious or humanistic ideology), Mental Hygiene Ideology (philosophy of the mental health professional), Social Restrictiveness (view of the

mentally ill as dangerous to society), and Interpersonal Etiology (belief that mental illness arises from interpersonal experience). Regarding these attitude dimensions, boys were found to be more authoritarian in their attitudes while girls expressed more benevolence. Lopez suggested that this implied a more nurturing and humanistic attitude among girls. She also noted that boys tended to be more rigid and negative in their attitudes toward the mentally ill while girls perceived them as less of a threat to society.

Gender of Respondents

Similar gender differences have been noted previously by many researchers regarding respondents. Tringo (1970) found that females expressed less social distance and therefore more acceptance toward disability groups than males. Specifically, females tended to level off at the undergraduate level, while males continued to decrease in social distance scores until, at the graduate level, they approached the level reached by females. This more favorable attitude among women also emerged in Morrison, DeMan, & Drumheller's (1994) study. Using the OMI as a measure, women scored higher on the promental patient factors of Benevolence and Mental Hygiene Ideology while men scored higher on antimental patient factors of Authoritarianism and Social

Restrictiveness. Overall, studies have shown that female respondents have a more positive attitude toward the mentally ill than male respondents.

Gender of Stimulus Person

The overall negative feelings toward the mentally ill thus far may be the result of the public assuming that "mentally ill patient" is referring to a man without taking into account the fact that many patients are female. This idea of a male bias inhabiting people's concepts has been studied previously. Silveira (1980) proposed a "people = male" theory which stated that there is a greater likelihood of thinking that any given person, in the absence of contrary information, is the prototype, a male (Silveira, 1980, cited in Hamilton, 1991). For example, it was found that a student, equally likely to be of either sex, was more often assumed to be male than female (O'Sullivan, Cole, & Moseley, 1982, cited in Hamilton, 1991). In order to test this theory, Hamilton (1991) conducted two separate studies. In the first study, one of three versions of a story was presented to the participants: the masculine version used words such as "his" and "man", the neutral version used "their" and "they", and the inclusive version used "his or her" and "he or she". When given an open-ended question regarding what they had heard,

participants who heard the male version were more male biased (i.e. had more male images); however, the male participants who heard the two unbiased versions similarly had significantly more male than female images. Female participants also had more male than female images, although this proportion was not significant.

In the second study, participants were asked to describe the most typical person that they could imagine. Approximately half of these descriptions were gender biased, with 75% of these describing a male as their typical person and only 25% describing a female. The results of these two studies supported the belief that the supposedly neutral concept of "person" is in fact more male-related than female-related. Therefore, could it be that attitudes toward patients with mental illness in fact more accurately be toward male patients with mental illness?

The question about whether respondents view female patients with mental illness more favorably than male patients has been given little attention in the research. In a series of four studies, the attitudes of workers toward job applicants were evaluated using three of the four possible gender combinations: female workers toward female job applicants, male workers toward male job applicants, and female workers toward male job applicants (Farina, Felner, & Boudreau, 1973; Farina & Hagelauer,

1975; cited in Farina, Murray, & Groh, 1977). Using the same procedures in each study, half of the workers were told that the job applicant was an ex-mental patient and the rest were told that the applicant was an ordinary job seeker. In the first study, the female workers were found to be no less accepting of female ex-mental patients than of typical applicants. This study was replicated using different participants for the second study and identical results were obtained. The third study was a similar replication; however, male workers and male job applicants were substituted in place of females used in the previous two experiments. Results showed that male workers strongly rejected the male applicants with a history of mental illness. To determine whether it was the gender of the respondent or gender of the stimulus person that accounted for the differences, a fourth replication was carried using female workers and male job applicants. Results from this study were similar to those obtained from the first two studies, meaning that the female workers were no less accepting of male ex-mental patients. These studies showed that females were willing to accept either a male or a female as a co-worker even if the applicant had been mentally ill, while males strongly rejected the male ex-mental patients. The question remained about how

males would react toward female applicants with a history of mental illness, which prompted the fifth study.

Farina, Murray, & Groh (1977) conducted a fifth and final study to determine the reception that would be given to a female former mental patient by male workers. These results revealed that the history of hospitalization did lead the male workers to reject the female applicants, but this rejection was much milder than that shown toward male ex-mental patients in the previous study. Therefore, the overall results supported the general theme appearing throughout the gender research: female respondents appear more accepting of the mentally ill as a whole than male respondents, who reject male patients more strongly than female patients.

Goals of the Present Study

The belief that mentally ill patients are unpredictable and therefore dangerous is not new. However, there haven't been any studies that have examined the level of predictability portrayed by the mentally ill and its effects. For example, would a mentally ill person who was highly predictable be viewed as less dangerous and therefore less socially rejected than one who was unpredictable? In addition, the relationship between the level of predictability and the gender of both the respondent and

stimulus person should be examined. The perception of unpredictability toward the mentally ill in general may have arisen out of the media's tendency to portray them as unpredictable and dangerous men as well as society's tendency to think of any given person as a prototypic male, therefore causing generalization toward the entire group. With these ideas in mind, I hypothesize that:

1) An increase in predictability will decrease the desired amount of social distance from the mentally ill.
2) An increase in predictability will decrease perceptions of dangerousness toward the mentally ill.
3) Female respondents will report less desired social distance from the mentally ill than male respondents.
4) More social distance will be desired from the male stimulus person than the female stimulus person.
5) The gender unspecified stimulus person will be misidentified more as a male than a female.

Method

Participants

The participants were 99 male and 99 female undergraduates enrolled in an introductory psychology class at Ball State University. They ranged in age from 19 to 24, and each received

course experiment participation credit in exchange for participating in the study.

Materials

Nine variations of a vignette were developed. All of them described a person named Chris who had been hospitalized and treated for an unspecified mental illness. These vignettes were divided into three groups: the first three specified Chris as a male, the second three specified Chris as a female, and the last three did not specify Chris's gender. These groups were further subdivided into low predictability, medium predictability, and high predictability. Therefore, nine separate vignettes were created from the original (The case vignettes can be seen in Appendix A).

Social Distance and Perceived Dangerousness Measures

The social distance scale used in this study was almost identical to numerous social distance scales used in previous studies. However, an expanded seven-point scale was employed in place of the four-point Likert format traditionally used. The responses were scored from 1 extremely willing to 7 extremely unwilling (The social distance scale used can be seen in the questionnaire, questions 1-6, Appendix B). These questions measured social rejection in terms of how close the respondent

was willing to be to the stimulus person, e.g., this person being a neighbor, working on the same job as the respondent, baby-sitting for the respondent, etc.

The scale measuring perceived dangerousness was designed to tap respondents' beliefs about whether a person who is, or has been mentally ill, is likely to be a threat. Unlike the social distance scale used, these questions referred to the mentally ill in general rather than the stimulus person specifically. The same seven-point scale was employed as in the social distance scale (The dangerousness scale used can be seen in the questionnaire, questions 7-19, Appendix B).

In addition to these measures, the respondents were asked their gender and some information about previous contact with the mentally ill (see questions 20-22, Appendix B).

Procedure

Participants reported to a classroom in groups of no more than 30. They were given an Informed Consent sheet to read and sign. After signing and returning the Informed Consent, participants received one of the nine vignettes which described a fictitious person with a history of mental illness. After they read and returned the vignette, they were given a questionnaire concerning what they had just read and were asked to record their

answers on a Scantron answer sheet. After completing the questionnaire, participants returned it and received two additional questions. These questions asked the participants to state the gender of the person about whom they had read about and to rate how predictable that person was. After returning the additional questions, participants were given a Debriefing handout that explained the purpose of the study.

Results

Validity Check

Two questions were included as a validity check to confirm that subjects perceived the three levels of predictability (high, medium, and low) manipulated in the vignettes as intended. The first question asked whether people similar to the stimulus person can become violent without warning. Results of a 2(Gender of Respondent) x 3(Gender of Stimulus Person) x 3(Level of Predictability) Analysis of Variance (ANOVA) were not significant, suggesting that participants did not recognize a difference in dangerousness. The second question asked how unpredictable the stimulus person was thought to be. An identical 2 x 3 x 3 ANOVA was conducted which found that a main effect for predictability was significant ($F(2,197)=3.62$, $p<.05$. As the means in Table 1 indicate, participants discriminated

between the different levels of predictability. A Gender of Stimulus Person by Predictability interaction was also significant ($F(4,197)=2.81$, $p<.05$). For the female and neutral stimulus person, perceived predictability increased as the level of predictability increased. However, the male stimulus person was perceived as more predictable in the low predictability condition while equally less predictable in both the medium and high predictability conditions. A post hoc test using Tukey's HSD method revealed that the only significant difference was between the low and high predictability conditions for the female stimulus person. Therefore, respondents only correctly detected a difference in predictability for the female stimulus person.

Insert Table 1 Here

Main Analysis

A 2(Gender of Respondent) x 3(Gender of Stimulus Person) x 3(Level of Predictability) Analysis of Variance (ANOVA) was conducted; the dependent variables were social distance and dangerousness. A summary of these ANOVAs are reported in Appendices C and D.

Social Distance Hypothesis. It was expected that students

would be more rejecting (as measured by social distance) of a stimulus person with a history of mental illness acting in an unpredictable manner than a stimulus person with an identical background acting in a highly predictable manner. Results revealed a significant main effect for Gender of Respondent, $F(1,197)=8.11$, $p=.005$. This effect was qualified by significant Gender of Respondent x Predictability interaction, $F(2,107)=3.74$, $p=.026$. This result was further examined using Tukey's HSD statistic at the .05 significance level. The Tukey test revealed a significant difference for gender of respondent for the high predictability condition only. That is, male respondents were more rejecting of the stimulus person than female respondents when predictability was high. The mean social distance values for this interaction are listed in Table 2.

Insert Table 2 Here

Results also revealed a significant Gender of Stimulus Person x Predictability interaction, $F(4,197)=3.70$, $p=.006$. A post hoc test using Tukey's HSD method revealed that the female stimulus person with low predictability was more rejected than the female stimulus person with medium predictability. The

mean social distance values for this interaction are listed in Table 3.

Insert Table 3 Here

Dangerousness Hypothesis. It was expected that students would perceive people with a history of mental illness acting in an unpredictable manner as more dangerous than people with an identical background acting in a highly predictable manner. Neither a main effect nor an interaction was found to be significant, suggesting that the degree of predictability and gender of the stimulus person did not affect students' perceptions of dangerousness regarding people with a history of mental illness.

Discussion

I hypothesized that the degree of predictability expressed by a person with a mental illness would determine the amount of social distance desired by observers. In other words, a mentally ill person who acts in a highly unpredictable manner should evoke a greater amount of social distance than a person whose actions are highly predictable. Two significant findings emerged from the results of the social distance scale. First, male

respondents wanted more social distance than female respondents when predictability was high, which was consistent with previous research regarding gender differences and attitudes toward the mentally ill. Females have consistently been described as more accepting of the mentally ill than males and the significant effect described above supports this difference (Tringo, 1970; Farina, Murray, & Groh, 1978; Lopez, 1994; Morrison, DeMan, & Drumheller, 1994). Secondly, respondents reported a desire for more social distance from a female person with mental illness who showed low predictability than from the same person who showed medium predictability. This supported my hypothesis that a female exhibiting less predictability would be more rejected than a more predictable person with the same history of mental illness. The fact that respondents did not distinguish between the different levels of predictability for the male and unspecified stimulus person in the validity check may be the reason that no significant findings emerged for these two groups. This may also account for why the male stimulus person was not significantly more rejected than the female stimulus person as hypothesized.

My second hypothesis predicted that the amount of dangerousness perceived by observers would lessen as the

predictability of the mentally ill person increased. The results were not significant, which are contrary to previous findings regarding the relationship between predictability and dangerousness (Nunnally, 1961; Bord, 1971; Fracchia, Sheppard, Canale, Ruest, Cambria, & Merlis, 1976a; Link & Cullen, 1986; Link, Cullen, Frank, & Wozniak, 1987). This lack of significant results may have occurred for several reasons. First, respondents had failed to recognize a difference in the perceived amount of dangerousness among the vignettes, as shown in the validity check. Moreover, previous research has shown that the unpredictability of a person contributes to the level of perceived dangerousness toward him/her. Because the difference for men and for unspecified stimulus person was not acknowledged by the respondents in the validity check, it is not surprising that significant differences on the dangerousness dependent variable did not emerge.

A second possible factor contributing to the lack of significant findings was the dangerousness scale used. As noted by Link et al. (1987) who used this scale, validity data concerning this scale are limited, because it has not been widely used. In addition, the questions did not refer to the stimulus person named Chris specifically, but rather to the mentally ill

in general. This may have affected students' responses differently than if the questions had been more specific to the vignette that they had read.

Unlike previous research, the present study manipulated the level of predictability which allowed a more detailed look into how this characteristic actually influences respondents' attitudes toward the mentally ill. Although there was a general trend toward an increase in social distance scores as the amount of predictability decreased, this was only clearly demonstrated among female respondents and for the female stimulus person. Furthermore, these findings do not allow us to infer a causal relationship (i.e., that decreasing predictability caused increasing social distance scores). However, future research could acknowledge this difference and attempt to determine in greater detail how predictability actually relates to attitudes toward the mentally ill.

An interesting finding emerged from inclusion of a gender neutral stimulus person in the study. As Table 4 demonstrates, the unspecified gender person was misidentified as a male 38 times out of a total of 66 gender unspecified descriptions and was never misidentified as a female. This finding gave further support for the "people = male" theory proposed by Silveira

(1980), which focuses on the tendency to assume that an ambiguous person is male. My study further revealed that this tendency appears to be outside of awareness because participants were not asked about the gender of the stimulus person until after they had read the description. Also, they could not go back and reference this upon answering the question. Only 28 participants answered correctly by choosing "don't know" regarding the gender of the stimulus person. Therefore, this apparent male bias further supported previous research.

One shortcoming of my study may have been a tendency for participants to present themselves as more accepting of stigmatized groups. When people believe that social norms strongly demand tolerance for a group, they tend to respond differently than when they think prejudice toward a group is widespread and socially acceptable (Sigelman 1991). It is likely, then, according to Sigelman, that participants who are asked to complete social distance scales are concerned about the impression they are making and therefore answer the questions in a socially acceptable manner. Taking this idea into account, more indirect and unobtrusive measures might aid in separating "true" attitudes from various sources of response bias such as social desirability.

The participants used in my study may also have had a limiting effect on the generalizability of the results. Consisting mainly of college students in their early twenties, they were not very representative of the overall public and this lack of diversity may have had an impact on the findings. Given the limitations of this research, it would be useful to extend it to more representative samples of the general population and to employ different and more differentiated measures of both social distance and dangerousness than the ones used here.

Another possibility for the more favorable attitudes displayed by the participants in this study is their previous contact with the mentally ill. Research has shown that the more types of contact one has had, the less dangerous he or she believes the mentally ill to be, regardless of age, education, or gender (Link & Cullen, 1986). My results revealed that 71% of the respondents had known someone who was mentally ill, which may relate to the lack of significant findings in the dangerousness analysis.

In the future, a more diversified group of participants as well as more subtle measures would be useful in studying just how the level of predictability affects the attitudes held by the public regarding the mentally ill. Furthermore, an effort among

parents, teachers, and the media to accurately portray mentally ill people may create a better understanding of this group and improve the overall attitudes toward them. Increasing people's contact with the mentally ill may also cause less feelings of fear and aid in integrating these people back into our society once they have received the help that they need.

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Appendix A

Male: High Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. His childhood and adolescence were fairly typical--he was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that he found very satisfying. He continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change in him, stating that it was as if he was undergoing a "personality change." He had become moody and increasingly withdrawn from others. His work performance began to decline. He began to spend most of his time by himself, neglecting relationships with friends and seldom participating in family get-togethers. At times he was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times he seemed to be talking to himself. It also appeared that Chris had developed suspicions concerning the motive of others. He had even accused co-workers and family members of spying on him. On a few occasions he commented that God had spoken to him, and that God would punish him for wrongdoing. Chris' speech had become difficult to follow--in conversations he talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about his consistent pattern of unusual behavior. They found his behavior bizarre and disturbing, yet they stated that he was very predictable--that they could usually anticipate his numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of losing his job, the family decided to seek psychiatric treatment for him. He was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Male: Medium Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. His childhood and adolescence were fairly typical--he was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that he found very satisfying. He continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change in him, stating that it was as if he was undergoing a "personality change." He had become moody and increasingly withdrawn from others. His work performance began to decline. He began to spend most of his time by himself, neglecting relationships with friends and seldom participating in family get-togethers. At times he was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times he seemed to be talking to himself. It also appeared that Chris had developed suspicions concerning the motive of others. He had even accused co-workers and family members of spying on him. On a few occasions he commented that God had spoken to him, and that God would punish him for wrongdoing. Chris' speech had become difficult to follow--in conversations he talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about his somewhat inconsistent pattern of unusual behavior. They found his behavior bizarre and disturbing, stating that he was somewhat unpredictable--that they could not always anticipate his numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of losing his job, the family decided to seek psychiatric treatment for him. He was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Male: Low Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. His childhood and adolescence were fairly typical--he was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that he found very satisfying. He continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

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Chris' family was very concerned about his highly inconsistent pattern of unusual behavior. They found his behavior bizarre and disturbing, stating that he was very unpredictable--that they could rarely anticipate his numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of losing his job, the family decided to seek psychiatric treatment for him. He was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Female: High Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. Her childhood and adolescence were fairly typical--she was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that she found very satisfying. She continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change in her, stating that it was as if she was undergoing a "personality change." She had become moody and increasingly withdrawn from others. Her work performance began to decline. She began to spend most of her time by herself, neglecting relationships with friends and seldom participating in family get-togethers. At times she was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times she seemed to be talking to herself. It also appeared that Chris had developed suspicions concerning the motive of others. She had even accused co-workers and family members of spying on her. On a few occasions she commented that God had spoken to her, and that God would punish her for wrongdoing. Chris' speech had become difficult to follow--in conversations she talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about her consistent pattern of unusual behavior. They found her behavior bizarre and disturbing, yet they stated that she was very predictable--that they could usually anticipate her numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of losing her job, the family decided to seek psychiatric treatment for her. She was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Female: Medium Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. Her childhood and adolescence were fairly typical--she was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that she found very satisfying. She continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change in her, stating that it was as if she was undergoing a "personality change." She had become moody and increasingly withdrawn from others. Her work performance began to decline. She began to spend most of her time by herself, neglecting relationships with friends and seldom participating in family get-togethers. At times she was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times she seemed to be talking to herself. It also appeared that Chris had developed suspicions concerning the motive of others. She had even accused co-workers and family members of spying on her. On a few occasions she commented that God had spoken to her, and that God would punish her for wrongdoing. Chris' speech had become difficult to follow--in conversations she talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about her somewhat inconsistent pattern of unusual behavior. They found her behavior bizarre and disturbing, stating that she was somewhat unpredictable--that they could not always anticipate her numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of losing her job, the family decided to seek psychiatric treatment for her. She was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Female: Low Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. Her childhood and adolescence were fairly typical--she was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that she found very satisfying. She continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change in her, stating that it was as if she was undergoing a "personality change." She had become moody and increasingly withdrawn from others. Her work performance began to decline. She began to spend most of her time by herself, neglecting relationships with friends and seldom participating in family get-togethers. At times she was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times she seemed to be talking to herself. It also appeared that Chris had developed suspicions concerning the motive of others. She had even accused co-workers and family members of spying on her. On a few occasions she commented that God had spoken to her, and that God would punish her for wrongdoing. Chris' speech had become difficult to follow--in conversations she talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about her highly inconsistent pattern of unusual behavior. They found her behavior bizarre and disturbing, stating that she was very unpredictable--that they could rarely anticipate her numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of losing her job, the family decided to seek psychiatric treatment for her. She was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Unspecified: High Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. Chris' childhood and adolescence were fairly typical--Chris was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that was very satisfying. Chris continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change, stating that it was as if Chris was undergoing a "personality change." Chris had become moody and increasingly withdrawn from others. Chris' work performance began to decline. Chris began to spend most spare time alone, neglecting relationships with friends and seldom participating in family get-togethers. At times Chris was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times Chris seemed to be talking when no one else was present. It also appeared that Chris had developed suspicions concerning the motive of others, even accusing co-workers and family members of spying. On a few occasions Chris commented that God had spoken directly to Chris, and that God would punish Chris for wrongdoing. Chris' speech had become difficult to follow--in conversations Chris talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about this consistent pattern of unusual behavior. They found the behavior bizarre and disturbing, yet they stated that Chris was very predictable--that they could usually anticipate these numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of being fired from work, the family decided to seek psychiatric treatment for Chris. Chris was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Unspecified: Medium Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. Chris' childhood and adolescence were fairly typical--Chris was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that was very satisfying. Chris continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change, stating that it was as if Chris was undergoing a "personality change." Chris had become moody and increasingly withdrawn from others. Chris' work performance began to decline. Chris began to spend most spare time alone, neglecting relationships with friends and seldom participating in family get-togethers. At times Chris was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times Chris seemed to be talking when no one else was present. It also appeared that Chris had developed suspicions concerning the motive of others, even accusing co-workers and family members of spying. On a few occasions Chris commented that God had spoken directly to Chris, and that God would punish Chris for wrongdoing. Chris' speech had become difficult to follow--in conversations Chris talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

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Unspecified: Low Predictability

Chris is 23 years old, was born and raised in the Midwest, and has lived in this community for several years. Chris' childhood and adolescence were fairly typical--Chris was an average student in school, enjoyed several extracurricular activities, dated occasionally in high school, and had a few close friends. Additionally, Chris did not have problems with alcohol or drug abuse. Following graduation with an Associate Degree, Chris began a job that was very satisfying. Chris continued to spend time with friends and family, and was involved in several hobbies and other recreational activities.

About eight months ago, Chris' family and friends began to notice a change, stating that it was as if Chris was undergoing a "personality change." Chris had become moody and increasingly withdrawn from others. Chris' work performance began to decline. Chris began to spend most spare time alone, neglecting relationships with friends and seldom participating in family get-togethers. At times Chris was unresponsive, and had been observed to be sitting and rocking back and forth continuously. At other times Chris seemed to be talking when no one else was present. It also appeared that Chris had developed suspicions concerning the motive of others, even accusing co-workers and family members of spying. On a few occasions Chris commented that God had spoken directly to Chris, and that God would punish Chris for wrongdoing. Chris' speech had become difficult to follow--in conversations Chris talked in a somewhat rambling, jumbled and confused way, and occasionally stopped in the middle of a sentence.

Chris' family was very concerned about this highly inconsistent pattern of unusual behavior. They found the behavior bizarre and disturbing, stating that Chris was very unpredictable--that they could rarely anticipate these numerous eccentricities. Because they had seen no improvement in Chris' behavior, and because Chris was in danger of being fired from work, the family decided to seek psychiatric treatment for Chris. Chris was hospitalized and treated with medication and supportive therapy. Once stabilized on medication, Chris was discharged back into the community.

Appendix B

Questionnaire-- Part I

Please read and complete the following questions about Chris. Just fill in the bubble on the Scantron sheet with a #2 pencil that corresponds to your answer choice. Remember, there are no right or wrong answers to these questions, and different people have different opinions about these questions. The questions ask how you feel about this individual. Once you have completed the questions, please return Part I of the questionnaire and pick up Part II.

1) To what extent would you be willing or unwilling to rent a room to someone like Chris?

A) EXTREMELY WILLING
B) PROBABLY WILLING
C) SOMEWHAT WILLING
D) NEITHER WILLING OR UNWILLING
E) SOMEWHAT UNWILLING
F) PROBABLY UNWILLING
G) EXTREMELY UNWILLING

2) To what extent would you be willing or unwilling to work on the same job as someone like Chris?

A) EXTREMELY WILLING
B) PROBABLY WILLING
C) SOMEWHAT WILLING
D) NEITHER WILLING OR UNWILLING
E) SOMEWHAT UNWILLING
F) PROBABLY UNWILLING
G) EXTREMELY UNWILLING

3) To what extent would you be willing or unwilling to have someone like Chris as a neighbor?

A) EXTREMELY WILLING
B) PROBABLY WILLING
C) SOMEWHAT WILLING
D) NEITHER WILLING OR UNWILLING
E) SOMEWHAT UNWILLING
F) PROBABLY UNWILLING
G) EXTREMELY UNWILLING

4) To what extent would you be willing or unwilling to have Chris join your favorite club or organization?

A) EXTREMELY WILLING
B) PROBABLY WILLING
C) SOMEWHAT WILLING
D) NEITHER WILLING OR UNWILLING
E) SOMEWHAT UNWILLING
F) PROBABLY UNWILLING
G) EXTREMELY UNWILLING

5) To what extent would you be willing or unwilling to have Chris as a caretaker of your children for a couple of hours?

A) EXTREMELY WILLING
B) PROBABLY WILLING
C) SOMEWHAT WILLING
D) NEITHER WILLING OR UNWILLING
E) SOMEWHAT UNWILLING
F) PROBABLY UNWILLING
G) EXTREMELY UNWILLING

6) To what extent would you be willing or unwilling to have one of your children marry someone like Chris?

A) EXTREMELY WILLING
B) PROBABLY WILLING
C) SOMEWHAT WILLING
D) NEITHER WILLING OR UNWILLING
E) SOMEWHAT UNWILLING
F) PROBABLY UNWILLING
G) EXTREMELY UNWILLING

Please answer the following questions about Chris by rating how much you agree or disagree with each one.

7) People like Chris let their emotions control them; other people think things out.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

8) People who have problems like Chris' can be dangerous to themselves or others.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

9) People like Chris cannot be held responsible for their actions.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

10) People like Chris can become violent without warning.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

11) People like Chris are more likely to commit a crime than most other people.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

12) If a group of former mental patients lived nearby, I would not allow my children to go to the movie theater alone.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

13) If a former mental patient applied for a teaching position at a grade school and was qualified for the job I would recommend hiring him or her.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

14) One important thing about mental patients is that you cannot tell what they will do from one minute to the next.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

15) If I know a person has been a mental patient, I will be less likely to trust him/her.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

16) The main purpose of mental hospitals should be to protect the public from mentally ill people.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

17) If a former mental patient lived nearby I would not hesitate to allow young children under my care to play on the sidewalk.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

18) Although some mental patients may seem alright it is dangerous to forget for a moment that they are mentally ill.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

19) There should be a law forbidding a former mental patient the right to obtain a hunting license.

A) DEFINITELY AGREE
B) PROBABLY AGREE
C) SOMEWHAT AGREE
D) NEITHER AGREE OR DISAGREE
E) SOMEWHAT DISAGREE
F) PROBABLY DISAGREE
G) DEFINITELY DISAGREE

20) Have you ever known anyone who acted like Chris?

A) YES
B) NO

21) Have you ever known anyone who was mentally ill?

A) YES
B) NO

22) What is your gender?

A) FEMALE
B) MALE

Questionnaire-- Part II

Please complete the following questions. Continue recording your answers on the Scantron sheet, and begin with item 23. When you have completed these questions, bring the questionnaire, your answer sheet, and your credit slip to the investigator. Don't forget to take your signed credit slip with you!

23) How unpredictable do you think Chris is?

A) VERY UNPREDICTABLE
B) PROBABLY UNPREDICTABLE
C) SOMEWHAT UNPREDICTABLE
D) UNSURE
E) SOMEWHAT PREDICTABLE
F) PROBABLY PREDICTABLE
G) VERY PREDICTABLE

24) What is Chris' gender?

A) FEMALE
B) MALE
C) DON'T KNOW

THANK YOU FOR YOUR PARTICIPATION!

Appendix C

Analysis of Variance For Social Distance

Source	SS	DF	MS	F
Gender of Respondent (A)	381.94	1	381.94	8.11**
Gender of Stimulus Person (B)	166.18	2	83.09	1.76
Predictability (C)	121.30	2	60.65	1.29
A x B	54.10	2	27.05	.57
A x C	352.25	2	176.13	3.74*
B x C	697.33	4	174.33	3.70*
A x B x C	179.47	4	44.87	.95

*p<.05. **p<.01

Appendix D

Analysis of Variance For Dangerousness

Source	SS	DF	MS	F
Gender of Respondent (A)	281.29	1	281.29	2.21
Gender of Stimulus Person (B)	196.76	2	98.38	.77
Predictability (C)	2.82	2	1.41	.01
A x B	34.01	2	17.01	.13
A x C	261.04	2	130.52	1.03
B x C	924.06	4	231.02	1.82
A x B x C	535.66	4	133.91	1.05

Table 1

Means For Predictability As A Validity Check

		Gender of Stimulus Person:		
		Female	Male	Unspecified
Level of Predictability:				
Low	M	2.27	3.27	3.05
Medium	M	3.09	3.00	3.46
High	M	3.86	3.00	3.59

Note. Higher means indicate more perceived predictability.

Table 2
Mean Social Distance Scores Regarding Respondent and Predictability

	Gender of Respondent:	
	Female M (SD)	Male M (SD)
Level of Predictability:		
Low	25.49 (6.70)	27.49 (8.23)
Medium	24.88 (6.51)	24.85 (7.43)
High	21.61 (5.87)	27.97 (7.38)

Note. Higher means indicate more desired social distance.

Table 3
Means Social Distance Scores Regarding Stimulus Person and Predictability

	Gender of Stimulus Person:		
	Female M (SD)	Male M (SD)	Unspecified M (SD)
Level of Predictability:			
Low	28.82(7.85)	24.91(6.94)	25.73(7.49)
Medium	21.23(5.92)	27.96(7.44)	25.41(5.84)
High	23.27(7.33)	27.00(8.01)	24.09(6.44)

Note. Higher means indicate more desired social distance.

Table 4
Number of Misidentifications Regarding Stimulus Person

	Female Respondent	Male Respondent	Total
Males Misidentified As Females	1	0	1
Males Misidentified As Unspecified`	8	9	17
Females Misidentified As Males	0	0	0
Females Misidentified As Unspecified	3	3	6
Unspecified Misidentified As Males	23	15	38
Unspecified Misidentified As Females	0	0	0